

Driver/Operator

Variance Request Packet

The intent of this packet is to provide guidance to those persons requesting certification for Driver/Operator Aerial based on that person's prior experience, education, etc. in lieu of testing in a traditional manner. This packet, when completed, will serve as the supporting information to be presented to the Board of Firefighting Standards and Education "Board" for their review and approval, or denial.

This packet is to be completed by the applicant and submitted to the Certification Section of the Indiana Department of Homeland Security at least thirty (30) days prior to the upcoming regularly scheduled meeting of the Board. Any omitted or excluded information or documentation may automatically delay the request to the next scheduled Board meeting.

655 IAC 1-2.1-6.1 Driver/Operator-Aerial

Authority: IC 22-14-2-7
Affected: IC 22-14-2-7

Sec. 6.1. (a) The minimum training standards for Driver/Operator-Aerial certification shall be as set out in that certain document, being titled as NFPA 1002, Standard for Fire Apparatus Driver/Operator Professional Qualifications, Chapters 4 and 6, 2014 Edition, published by NFPA, Batterymarch Park, Quincy, Massachusetts 02269, which is hereby adopted by reference and made a part of this rule as if fully set out in this rule. To the extent that Chapters 4 and 6 require compliance with another NFPA standard, such standard shall be that which is referred to in Chapter 2.

(b) The candidate shall:

- (1) have been certified as at least a Firefighter I or First Class Firefighter; and
- (2) hold a valid driver's license.

Prerequisites: This certification has the following prerequisites:

- ☐ Do Have ☐ Do Not Have ☐ Firefighter I or First Class Firefighter
- ☐ Do Have ☐ Do Not Have ☐ Valid Driver's License

A copy of supporting documents such as the certificate or other compelling information is required to proceed with this packet.

Variance Request Requirements:

Candidates must submit the following documentation listed below to qualify for variance consideration.

Please include, at minimum, the following:

- ☐ a letter of recommendation from your Training Chief/ Officer or Fire Chief
- ☐ a completed IDHS Driver/Operator-Aerial Practical Skills Evaluation Check-off sheet
- ☐ copies or proof of any and all certifications to be considered
- ☐ copy of a valid driver's license
- ☐ a brief statement (less than 500 words) of your reason for this request

Experience (My date of hire/joining the Fire Service _____)

☐ For this certification, the candidate must have a minimum of five (5) years of Fire Service experience

Falsification or misrepresentation of any submitted documents for this request for Driver/Operator-Aerial certification shall be an automatic revocation/denial of this variance request by the Board of Firefighting Standards and Education.

Candidate Printed Name: _____

Candidate's Signature: _____ **Date:** _____

State Certification Section Disposition:

Recommendation: ☐ Approved ☐ Denied

Reason for Denial: _____

Board Action:

☐ Approved ☐ Denied